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ABSTRACT

Current evidence in the literature is reviewed on the relationship between sex roles and psychological well-being in terms of personality and social behavior dimensions. Limitations of the present data base are identified, such as the correlational nature of evidence, age and gender specificity of findings, failure to consider the personal salience of the variables in question, and the examination of single rather than multiple criterion variables. The androgyny model of health is explored and compared with traditional sex-role orientation. Further studies on the effects of particular sex-role adoptions and sex traits at different stages of the life cycle are recommended. The importance of considering the normative advantages of various sex-role categories and social role adoptions in psychotherapy is emphasized. (Author/KMF)

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SEX ROLES AND PSYCHOTHERAPY:

RESEARCH BASES FOR MODELS OF HEALTH

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SEX ROLES AND PSYCHOTHERAPY:

RESEARCH BASES FOR MODELS OF HEALTH

Rawlings and Carter (1977) encourage psychotherapists in a recent book to know their values and to make them explicit to clients at the outset of therapy. They also state that the nonsexist therapist does not use a power position to reward traditional or to punish nontraditional sex-typed behavior. But consider the case of the client who does not want to become androgynous. It has been said that traditional or nontraditional sex role orientations are equally valuable, the important thing being to make one's choice freely. I suspect that many of us do not really believe this.

How confident can we be as therapists that traditional goals are not in the client's best interests, and that we should continue to work for sex role change on both personality and social role dimensions? What are the relationships between sex roles and indices of well-being such as life satisfaction, psychological adjustment, or conversely to the presence of "mental illness?"

Personality Characteristics

Several measures are presently available which allow measurement of masculinity and femininity, conceptualized as orthogonal unipolar personality traits. Bem's Sex Role Inventory (Bem, 1974), Spence and Helmreich's Personality Attributes Questionnaire (Spence and Helmreich, 1978), and Berzins, Welling, and Wetter's PRF-Andro Scale (Berzins, Welling, and Wetter, 1978) yield assignment to masculine, feminine, androgynous, and undifferentiated sex role categories, based on joint classification on the masculinity and femininity subscales of these measures. Investigators using the three instruments have generally found androgynous persons to have the highest self-esteem, followed by masculine, feminine, and undifferentiated persons (Bem, 1977; O'Connor, Mann, & Bardwick, 1978; Spence & Helmreich, 1978; Evanoski & Maher, Note 1; Wetter, Note 2). High scores on masculinity

generally have the highest association with self-esteem, with high scores on femininity having a lesser though positive association with self-esteem. Evanoski and Maher, (Note 1), for example, investigated the relationship of masculinity, femininity, and their conbination to self-esteem. For self esteem, masculinity accounted for the greatest proportion of variance for each group, although femininity added a significant proportion of variance in each group except males. The combination of masculinity and femininity added a significant proportion above that contributed by its individual components only for the high SES group, indicating the particular advantage of androgyny for this group.

Wells (Note 3) examined the relationship between sex role category and several indices of psychological adjustment, namely mastery, social relations, superior adjustment (coping), and self-esteem. Masculine adolescents were found to have superior mastery; androgyny was related to superior social relations among girls while only femininity contributed to superior social relations among boys. With respect to adjustment (or coping), high masculinity alone was predictive of superior adjustment in girls, while both femininity and masculinity were predictive in boys; masculine girls were found to have highest self-esteem, while for boys the perplexing finding of highest self esteem among undifferentiated subjects was obtained. A general trend in this study seems to indicate the particular importance of cross-gender chatacteristics on certain criterion measures.

Waterman and Whitbourne (Note 4) found androgynous individuals to have highest scores on the Inventory of Psychosocial Development, measuring adaptive traits developed during Ericksonian life stages. The androgynous group was followed in order by masculine, feminine, and undifferentiated groups, each of which differed significantly from each other. Orlofsky (1977) found that a

significantly larger proportion of female undergraduates who fell into the highest category of Eriksonian ego identity were androgynous; the largest proportion of males in this category were sex-typed, but this difference was not significant.

Several studies suggest that androgynous persons may be advantaged in terms of marital satisfaction or adjustment. Goldstein (Note 5) found wives' satisfaction to be greater in androgynous dyads, a relationship that was stronger the greater the degree of wives' job involvement. This suggests that advantages of particular sex role categories may be dependent on status of social role adoptions. Nettles (Note 6) found persons in problem marriages to be less androgynous but could not rule out self-esteem as a more general factor accounting for this result.

Androgynous individuals were found by Spence and Helmreich to have the highest overall achievement motivation, with the strongest relationships being found between masculinity and several of the achievement subscales.

Harrington and Andersen (Note 7) studied relationships between creative self-concept and masculinity and femininity. Using several measures of these variables, the authors found overall positive associations between masculinity indices and creative self-concept, but negative associations with femininity indices. However 12 femininity items (11 from the Parker scale), correlated significantly positively with creative self-concept. Also found was a significant linear interaction involving masculinity and femininity for the women, indicating that the relationship between creative self-concept and Heilburn femininity scores was stronger when Heilbrun masculinity scores were high. This latter finding suggests a catalytic model of androgyny.

Bem and Lenney (1976) found androgynous subjects to be more situationally adaptive and flexible with respect to exhibiting masculine and feminine stereo-

typed behavior, and to report more comfort when engaging in counter stereotypic behavior. Helmreich, Spence, and Holahan's (1979) conceptual replication found androgynous males to show significantly greater flexibility (lower sex-typed preference scores) than did masculine males. In both sexes androgynous subjects showed greater comfort with all types of tasks, although they were not significantly different from masculine subjects on this variable. However, relationships were low in magnitude, either because associations between personality dimensions and behaviors are generally low, or because the behaviors themselves were inherently trivial.

Baucom and Danker-Brown (1979) showed that while sex-typed subjects showed both cognitive and motivational deficits in response to a helplessness manipulation, androgynous subjects showed only dysphoric mood. Results are consistent with the association of androgyny with flexibility.

Heilburn (1976), found androgynous subjects to be significantly higher on role consistency than the other sex-role groups combined. Although a curvilinear relationship had earlier been postulated between role consistency and level of adjustment (more compatible with Bem's flexibility hypothesis), accumulated evidence indicated a linear relationship.

To speak of androgynous persons as more balanced or adaptive is somewhat different from proclaiming them to be healthier. Androgyny could be looked at as a developmental achievement such as a stage, of the type proposed by Block (1973), and developmental stages have been considered to be orthogonal to health or psychopathology. Colten (Note 8), however, related PAQ category to depression and anxiety indices, finding androgynous and masculine typed women to have the lowest reported symptom levels, with feminine-typed women reporting the highest.

Jones, Chernovetz, and Hansson (1978) provide evidence that androgyny

may be associated with poor psychological adjustment, i.e., problem drinking and externality of control in males, and suggest that masculinity alone may be associated with superior psychological adjustment in males. Evanoski and Maher (Note 1) similarly found that masculinity alone accounted for significant proportions of the variances for the variables self-esteem and inner-directedness in males. These studies did show some advantages for androgynous females, however, indicating the importance of considering sex when assessing relationships involving sex role category. Other evidence (Watson, Note 9), however, suggests that such apparent advantages of masculinity in males may be due to defensively high self-esteem. The studies cited do not rule out the presence of unexamined problems or symptoms in, say, the androgynous group.

In many of the studies cited here, there is no clear advantage for androgynous over masculine subjects for one or both sexes. In some instances the androgynous and in others the masculine groups obtained higher scores, these groups often not differing significantly from each other but differing significantly from one or both of the other two groups. It has been suggested that the advantages of the androgynous group are due almost totally to the contribution of masculine characteristics, either because masculine instrumentality is more valued by our culture or because instrumentality is a precursory ability for the expression of feminine traits, as Bem's work suggests. However, in a number of instances femininity also contributed a significant proportion of variance to a positive outcome, for example, in studies by Bem (1977), Bem, Martyna, and Watson (1976), Spence, Helmreich, and Stapp (1975), Evanoski and Maher (Note 1), Harrington and Andersen (Note 10), Waterman and Whitbourne (Note 5), Wells (Note 4), lending credence to the view that androgyny is more desirable than masculinity in many instances.

Social Roles

Can the idea of balance be extended to social role adoptions as well as personality traits? Is a person better off having adopted a combination of agentic and communal roles, for example, an occupational role as well as a family role? Most social roles benefit from a combination of instrumental characteristics such as assertiveness and expressive traits such as empathy although difference roles probably emphasize these characteristics to different degrees. Is it enough to blend agency and communion within one's occupational or family role, or does one need both love and work, more specifically, work outside the home, to maximize life's satisfaction. Gove and Tudor (1973) and Gove (1972) provide evidence that the married of both sexes have lower mental illness rates than the unmarried, due in part to benefits of emotional support. This suggests that the expressive roles which marriage facilitates have a positive effect on mental health for both sexes. However illness rates are higher for married women than for married men, while rates are equal or slightly higher for men among the never married, widowed, or divorced. Gove and Tudor think married men are advantaged in these studies because they occupied both family and work roles and thus had two sources of gratification, whereas the women studied often did not have instrumental work roles or work roles commensurate with their levels of education. Studies by Birnbaum (1975) and Ilfeld (Note 10) also document advantages of occupational status in women.

If expressive roles in marriage are facilitative of mental health, what about parenthood, often considered a feminine activity involving caring? Gove and Tudor suggested that women's greater adoption of the service role, that is, a readiness to adjust or subordinate one's needs to those of others may contribute to the higher symptom rate among married women. There is some evidence that the presence of children may decrease satisfaction and conflict

with occupational demands, for both sexes (Campbell, Converse, & Rogers, 1976; Hick & Platt, 1970; Pleck, Staines, & Lang, 1980). Yet Birnbaum's sample of single professional women regretted having missed out on motherhood. The evidence is clearly not in on the parent role.

Many questions remain with respect to social roles in general. If one choses to maximize one's career goals by remaining single or childless, is this in some larger sense dysfunctional? Can needs for communion be satisfied in less demanding ways though friendships, or by the nurturance of pets rather than children? Will people who choose both work and family roles feel that both domains have been slighted?

Perhaps a more general question is whether or not a "specialized" personality can be as adaptive or healthy as a "generalist" personality. If many capacities are developed, will this necessarily set a ceiling on the level of development of a particular capacity? Or does excessive development in one direction lead to a dysfunctional state associated with the neglect of other psychological capacities. Jung, Bakan, Loevinger, or Block would say yes to the latter. However at present I do not believe we have sufficient evidence to evaluate their claims. It could also be argued that androgynous individuals are high on only a subset of masculine and feminine-typed traits, and that the dispositions of androgynous people may be selective and particularized just as those of sex-typed people are. Vogel (1979) has further suggested that certain androgynous people may be healthier than others, depending upon the particular traits that they endorse.

What are some of the limitations of our present knowledge base? First of all, many of our findings are correlational in nature, making it difficult to know what leads to what. Does self esteem, for example, result from high levels of masculinity and femininity or it self esteem a precursory quality

associated with the development of these positively valued clusters of traits. Some writers have even suggested that the sex role inventories are measuring nothing other than self esteem, since only socially desirable items are included in the scales (Jones, Chernovetz, and Hansson, 1978; Myers and Sugar, Note 11). Use of the t-ratio or the combination t-ratio and median-split approach would seem to circumvent this problem somewhat, as would the use of self-esteem scales which do not mirror the social competency items of the androgyny scales.

Secondly, many of our findings are gender specific. In some cases, different sex role categories for males and females appear to have an advantage on some variables and in other cases data for one sex or the other is simply missing. It is well to remember also that findings expressed in terms of a comparison of the various sex role categories may be limited to the particular scale employed (Lenney, 1979; Kelly, Ferman, and Young 1978).

Another more theoretical problem has to do with the nature of balance (balance in the sense of high levels of both masculinity and femininity). Factorial analyses of the BSRI, for example, reveal three interpersonal dimensions - nurturance, dominance, and autonomy (Edwards, Van Buren, and Zabriskie, Note 12). Can an individual balance nurturance from the femininity scale with either dominance or autonomy from the masculinity scale, or is it more advantageous to be high on both? Our present scoring systems don't take these refinements into account. Evanoski and Maher's study is unusual in examining the relationships of these component factor scores to criterion variables. They found, incidentally, that in general independence made the greatest contribution to self esteem and innerdirectedness except in the case of high socio-economic status, where caring made the greatest contribution to self esteem.

Another problem with research in this area is the failure to consider the salience to the individual of the variables studied. Markus (1977) has pointed out that traditional self description inventories like those we are considering don't assess whether or not the trait being measured forms a well articulated schema which is important to the respondent. Should we assess salience with respect to the personality scale labels of masculinity and femininity, or with respect to the component factors of these scales. Salience with respect to social roles would seem to refer to whether or not particular roles are specifically desired. In a similar vein, Garnets and Pleck (1979) suggest that sex role strain leading to low self esteem will occur when there is a discrepancy between real self concept and same sex ideal, but only when the sex role variable is highly salient to the individual. Their analysis predicts that a sex-typed person will have self esteem equivalent to an androgynous person as long as sex-typing corresponds to the same sex ideal.

These cognitive variables are clearly important. However I believe we must also consider the particular normative advantages associated with each sex role choice which may exist regardless of sex role salience or same sex ideal, i.e., that masculine individuals are more competitive, that androgynous individuals have higher self esteem, that feminine individuals have superior empathy, etc. There may be particular gains and losses even if sex role strain is low.

Finally, when I first heard of the association of androgyny as opposed to sex typing with well-being, I tended to think as "in general" or "over the long haul". We know that the androgynous are not superior on every criterion variable. I believe we need to examine a number of criterian variables to get an overall picture. Androgynous persons may have an advantage overall in terms of balance or adaptability rather than a superiority on any one particular

dimension. We also know that a particular sex role category may be advantageous at one life stage but disadvantageous at another. For example, Birnbaum's (1975) results contrast with the earlier finding by Rossi (1964) that traditionally socialized young women who chose to be full-time homemakers experienced greater self-esteem than their counterparts in professional training during the years immediately following this choice. Mussen (1962) similarly found that masculine (male) adolescents had greater self confidence than feminine-typed peers but that this relationship was reversed by the late thirties. Although cohort effects are unknown, this finding highlights the problem of a particular adaptation being functional at one stage of the life cycle and relatively dysfunctional at another. Should therapy goals maximize present advantage or long-term advantage? Therapists could at least share with their clients knowledge regarding likely benefits and losses at different life stages.

We need studies of the effects of particular sex role adoptions (as well as sex-role traits) at different stages of the life cycle, and longitudinal studies would seem to be required to assess cohort differences. Flanagan (1978) has described a promising methodology of identifying and assessing factors associated with the quality of life at different stages of the life span, and his approach seems pertinent to the present discussion.

Clients continue to seek the services of psychotherapists even though our knowledge base is incomplete, and we must rely on our judgment and values. With respect to values, the androgyny model does appear to me to be an inherently fairer one than those based on bifurcated sexual identity, and one which appears to encourage more unlimited development of potentialities. An androgyny model of health, however, possesses the drawbacks associated with any standard for behavior (i.e., glossing over individual differences in temperament, goals, and values). Demands of professional competency compel us, however,

while continuing to expand our knowledge base, to make considered judgments concerning advantages and disadvantages of particular life choices, and when appropriate to share with clients the nature of our information. With respect to judgment, mine is that there is a moderate amount of support for the association of androgyny (in both senses) with well-being. We cannot compel our clients to be androgynous (or any other way), but our knowledge and values will inevitably influence which of our clients' verbalizations to reinforce, question, explore, or encourage. Hopefully we will encourage our clients to change in ways most conducive to their well-being.

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